

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 18 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J11463** (3)  
1. Corporation Name  
**UPTOWN PRODUCTIONS, INC.**

Principal Place of Business: **2303 ARDSON PLACE, P.O. BOX 2969, TAMPA FL 33629, US**  
Mailing Address: **P O BOX 2969, P.O. BOX 2969, TAMPA FL 33601, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/24/1986**  
3a. Date of Last Report: **07/01/1994**  
4. FEI Number: **59-2667681**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.042, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PEDALINO, JOSEPH, JR.  
2303 ARDSON PLACE  
TAMPA FL 33629**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDALINO, JOSEPH, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>2303 ARDSON PLACE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PSD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEDALINO, JOSEPH, JR.</b>	2.2 NAME	
STREET ADDRESS	<b>2303 ARDSON PLACE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**President/Treasurer**  Change  Addition  
**Vice President/Secretary**  Change  Addition  
**Salle A. Wood**  
**70 Kindall Circle**  
**Palm Harbor, Florida 34683**  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  DATE: **4.13.95** (Type in Phone #) **813-251-2598**